

Foster Family Home - Corrective Action Report

Provider ID: 1-180015

Home Name: Marissa T. Fernando, CNA

Review ID: 1-180015-4

94-1007-A Hiapo Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/11/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 3/11/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- APS/CAN/Fingerprint expired on 5/3/19 and renewed on 5/15/19 for HHM#1. APS/CAN expired on 4/17/19 and renewed on 4/26/19 for CG#1 and for CG#3's APS/CAN expired on 9/14/19 and renewed on 12/18/19.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation done for CG#1, CG#2, and CG#3 on Administration of Nebulizer Treatments on Client #1.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(4) Fire shall include testing of smoke detectors

Comment:

(3P)(b)(4) Fire- 4 out of 5 home's smoke detectors were non functioning when tested during home inspection. On Monthly Fire Drills form, there is only 1 smoke detector checked during fire drills for the past 12 months.

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Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(c)- No list of medications side effects seen in Client #1's chart/binder.

47.(e)- CG#1, CG#2 and CG#3 were not trained on Client #1's feeding needs of chopped and honey thickened liquids.

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Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a)- CCFFH Admission Policy and Agreement form was not signed by CG#1 and Client #1/POA upon admission and copy was not provided by CG#1.

Maikel Nakawhe, MD
Compliance Manager

[Signature]
Primary Care Giver

2/11/2020
Date

2/11/2020
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **Marissa Fernando**CCFFH Address: **94-1007 A Hiapo St., Waipahu HI 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1),(2)	CG#1 showed CTA Compliance Manager the current APS/CAN/FINGERPRINT of CG#1, CG#3 and HHM#1 during home inspection. Documents were filed in home binder.	02/11/2020	Home will utilize an iPhone calendar reminder to schedule due dates 2 months in advance to prevent future lapse.
43.(c)(3)	CG#1 notified Case Manager to provide a delegation on Administration of Nebulizer Treatments to CG#1, CG#2 and CG#3 on Client#1. Signed delegation form was filed in clients binder.	02/11/2020	Home will contact CMA RN to perform delegations within 7 days of adding new caregivers to home.
(3P)(b)(4)	Home replaced the 4 non-functioning smoke detectors.	02/12/2020	Home will check all the 5 smoke detectors during the monthly fire drill to make sure all smoke detectors are functioning.
47.(c)	CG#1 placed all the list of medications side effects on Client#1 binder.	02/12/2020	Home will obtain all the list of medications side effects on Client#1 binder at all times.
47.(e)	CG#1 notified CMA RN to provide a training on Client#1's feeding needs of chopped and honey thickened liquids to CG#1, CG#2 and CG#3. Signed delegation form was filed in clients binder.	02/12/2020	Home will contact CMA RN to perform delegations within 7 days of adding new caregivers to home.
53.(a)	CG#1 explained the CCFFH Admission Policy and Agreement form to Client#1's POA and both CG#1 and Client#1's POA signed. CG#1 filed the original form on home binder and was provided to Client#1/ POA.	03/03/2020	Home will make sure that in the future, for any new admissions CCFFH Admissions Policy and Agreement be signed upon Clients admission by Caregiver and Client or by Caregiver and Client's POA

Primary Caregiver's Signature: _____

Print Name: **Marissa Fernando**Date of Signature: 3/10/2020